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DOCKET NO.: 1934-8-3

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:
Terrence W. Schmidt

Confirmation No.: 7342

Serial No.: 10/712,987

Group Art Unit: 3617

Filing Date: November 12, 2003

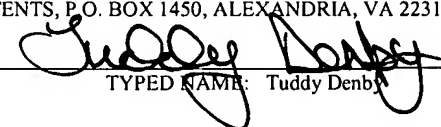
Examiner: Olson, Lars A.

For: **METHOD AND SYSTEM FOR MISSION MODULE SWAPPING IN A VESSEL**

DATE OF DEPOSIT: January 7, 2005

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RESPONSE/AMENDMENT

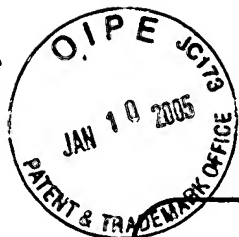
Sir:

In response to the final Office Action of November 8, 2004, the Examiner is respectfully requested to consider the following:

Please amend the above-identified application as follows:

Amendments to the Claims begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper



PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/712,987
	Filing Date	November 12, 2003
	First Named Inventor	Terrence W. Schmidt
	Art Unit	3617
	Examiner Name	Olson, Lars A.
Total Number of Pages in This Submission	Attorney Docket Number	1934-8-3

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	P.G. Scott Born
Signature	
Date	January 7, 2005

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Signature		Date	January 7, 2005

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